EXHIBIT C

| Case 06-10725-awz Doc 8622 | | otered 07/13/11 14: | 24:22 Page 2 of 11 | | | |
|---|---|---|---|--|--|--|
| | PR(| OOF OF CLAIM | YOUR CLAIM IS SCHEDULED AS | | | |
| Name of Debtor | Case Number | | Schedule/Claim ID s32390 | | | |
| USA Commercial Mortgage Company | 06-10 | 725-LBR | Amount/Classification | | | |
| | | | \$145 99 Unsecured | | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503 | pense of an | Check box if you are aware that anyone else has filed a proof of claim relating | The amounts reflected above constitute your claim as | | | |
| Name of Creditor and Address | to your claim. Attach cop statement giving particular 11321240001532 Check box if you have never received any notice from the hankruntry court | | scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. | | | |
| LAS VEGAS, NV 89109 5278 | | differs from the address on the envelope sent to you by the | If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again | | | |
| Creditor Telephone Number 702 369-0112 | ·· | court | THIS SPACE IS FOR COURT USE ONLY | | | |
| Last four digits of account or other number by which creditor identifies | debtor | Check here replace | | | | |
| 1878 | | Check here replace or if this claim amen | a previously filed claim dated | | | |
| 1 BASIS FOR CLAIM | Retiree b | penefits as defined in 11 U S | | | | |
| Goods sold Personal injury/wrongful death Services performed Taxes | Wages, | salaries, and compensation (| | | | |
| Money loaned | Unpaid o | compensation for services pe | rformed from to | | | |
| A DATE OFFICE WAS INCURED. | Ta .= a | | (date) (date) | | | |
| 2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that it | | OURT JUDGMENT, DATE O | | | | |
| See reverse side for important explanations | Dest descrit | | it of the claim at the time case med | | | |
| UNSECURED NONPRIORITY CLAIM \$ 1,012, 942 | 93 | SECURED CLAIM Check this box if you | our claim is secured by collateral (including | | | |
| Check this box if a) there is no collateral or lien securing your claim, or b) your exceeds the value of the property securing it, or if c) none or only part of your | our claim r claim is | a right of setoff) | or claim is secured by containing | | | |
| entitled to pnority | collateral | | | | | |
| UNSECURED PRIORITY CLAIM | | Real Estate | Motor Vehicle Other | | | |
| Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral | | | \$ | | | |
| Amount entitled to priority \$ Specify the priority of the claim | | Amount of arrearage ar secured claim, if any | nd other charges <u>at time case filed</u> included in | | | |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | | | rd purchase lease or rental of property or | | | |
| Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's | | , | household use 11 U S C § 507(a)(7) | | | |
| business whichever is earlier 11 U S C § 507(a)(4) | 닏 | | ernmental units 11 U S C § 507(a)(8) graph of 11 U S C § 507(a) () | | | |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | ll | * Amounts are subject to adjust | ment on 4/1/07 and every 3 years thereafter | | | |
| TOTAL ANGUNE OF CLAME | | with respect to cases commend | ed on or after the date of adjustment | | | |
| 5 TOTAL AMOUNT OF CLAIM \$ 1, 1 & 7, 000.00\$ | | 5 | \$ 187,000 00 | | | |
| (unsecured) | • | ecured) | (priority) (Total) | | | |
| Check this box if claim includes interest or other charges in addition to the | · · · · · · · · · · · · · · · · · · · | | | | | |
| 6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts, contracts, court judgments, mortgages, security a DOCUMENTS If the documents are not available, explain If the documents are not available. | <i>ments,</i> su igreement | ch as promissory notes purc s, and evidence of perfection | hase orders, invoices, itemized statements of of lien DO NOT SEND ORIGINAL | | | |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | | | • | | | |
| The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c | prevailin | ig Pacific time, on Novemb | er 13, 2006 USE ONLY | | | |
| governmental units) | BY HAND (| tiled Note | | | | |
| BMC Group | BMC Grou | | 9/26/2006 | | | |
| P O Box 911 | 1330 East El Segund | | | | | |
| DATE . SIGN and onnt the name and tale if any of the | | | | | | |
| thus claim (attach dopy of power of attorney, if any) | | | | | | |
| Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment is | =14 | rears or both 18 USC §§ 152 | 1001/1001/1001/1001/1001 | | | |
| | † 1 | 1 | on secure about highly . The se him has not | | | |

| FORM B10 (Official Form 10) (10/05) | | | |
|---|--|--|--|
| UNI 12D STATES BANKRUPTCY COURT, DISTRICT OF | NEVADA | PROOF OF CLAIM | |
| Name of Debtor | me of Debtor Case Number | | |
| USA COMMERCIAL MORTGAGE COMPANY | | | |
| NOTE This form should not be used to make a claim for an administrative case \ request for payment of an administrative expense may be filed | ve expense arising after the commencement of the pursuant to 11 U S C Section 503 | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) | ☐ Check box if you are aware that anyone else has filed a proof of claim relating | | |
| ROBERT J AND RUTH ANN KEHL | to your claim Attach copy of statement giving particulars | | |
| Name & address where notices should be sent JANET L CHUBB, ESQ JONES VARGAS | ☐ Check box if you have never received any notices from the bankruptcy court in this case | | |
| P O BOX 281 RENC, NV 89504-0281 Telephone number 775-786-5000 | Check box if the address differs from the address on the envelope sent to you by the court | This Space for Court Use Only | |
| Last four digits of account or other number by which creditor identifies debtor 500953 5 | Check here replaces If this claim amends a previously filed | claim, dated | |
| 1 BASIS FOR CLAIM | Retiree benefits as defined in 111 | USC § 1114(a) | |
| ☐ Goods sold | □ Wages, salaries, and compensation | | |
| □ Services performed | Last four digits of your SS # | | |
| ☐ Money loaned | Unpaid compensation for service | s performed from | |
| □ Personal mjury/wrongful death | from to | | |
| ☐ Faxes ■ Other DEBTOR'S BREACHES (see adversary complant) | from toto | (date) | |
| 2 Date debt was incurred | 3 If court judgment, date obtained | 1 41-1-4 | |
| 2003-2005 | o ii cour i jaugident, date obtainou | | |
| 4 Classification of Claim. Check the appropriate box or boxes filed See reverse side for important explanations | that best describe your claim and state the arr | nount of the claim at the time case | |
| Unsecured Nonpriority Claim \$12,841.580 13 + accrued integrated in the postpetition payments received the secured in the | d Check this box if your cla | | |
| ☐ Check this box if a) there is no collateral or hen securing yo b) your claim exceeds the value of the property securing it, or if only part of your claim is entitled to priority | d) none or Brief description of colle | ateral or Vehicle D Other | |
| Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of entitled to priority | Amount of arrearage and other | er charges at time case filed | |
| Amount entitled to priority \$ | | | |
| Specify he priority of the claim | Up to \$2 225* of deposits toward property or services for personal, | purchase, lease or rental of family or household use - 11 | |
| ☐ Domestic support obligations un 11 USC § 507(a)(1)(A) or (a)(1)(B | USC § 507(a)(7) Taxes or penalties owed to governs | | |
| ☐ Wages, salaries, or commissions (up to \$10,000),* earned wit 180 days before filing of the bankruptcy petition, or cessation of debtor's business whichever is earlier- 11 U S C § 507(a)(4) | thin 507(a)(8) | | |
| ☐ Contributions to an employee benefit plan - 11 U S C § 507(| (a)(4) *Amounts are subject to adjustment on 4/ with respect to cases commenced on | | |
| | 341,680 <u>13</u> +/- \$\$ | s (Total) | |
| ☐ Check this box if claim includes interest or other charges in a interest or additional charges | addition to the principal amount of the claim | Attach itemized statement of all | |
| 6 Credits The amount of all payments on this claim has been c | credited and deducted for the purpose of maki | - I | |
| this proo of claim. SEE ABOVE 7 Supporting documents Attach copies of supporting documents. | nte such as promissory notes nurchase ordess | ILED DEC 0 9 2006 | |
| invoices itemized statements of running accounts, contracts, cou | irt judgments, mortgages, security agreements. | | |
| and evidence of perfection of hen DO NOTSEND ORIGINAL | DOCUMENTS If the documents are not | USA CMC | |
| available, explain If the documents are voluminous, attach a sur | | ALE ALL ALL ALL ALL ALL ALL ALL ALL ALL | |
| 8 Date-Stamped copy To receive an acknowledgment of the fi addressed envelope and a copy of this proof of claim. | mug or your claim, enclose a stamped, self- | 1072501660 | |
| Date Sign and print the name and title, if any, of the | creditor or other person authorized to file this | | |
| vlaim (attach copy of power of attorney, if any) | • | | |
| 12/9/06 JANET L CH | IUBB, ESQ ATTORNEY FOR CLAIMAN | \mathbf{T} | |

| UNITED STATES BANKRUPTO (COURT) DISTRICT OF NEVADA | ************************************** | 22 Page 4 of 11 |
|--|---|--|
| 140:110 01 000001 | Number | |
| USA COMMERCIAL MURTGAGE CO | 1-10725 LBR | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 | Check box if you are aware that anyone else has filed a proof of claim relating | |
| Name of Creditor and Address | to your claim Attach copy of statement giving particulars | |
| S & P DAVIS LIMITED PARTNERSHIP A TEXAS PARTNERSHIP PO BOX 5718 ENCINITAS CA 92023 C PRLSBAD, CA 92000 Creditor Telephone Number (37) 3/2 - 8350 (Cell) | Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the | NOT FILE THIS PROOF OF CLAIM FOR A CURED INTEREST IN A BORROWER THAT IS NOT E OF THE DEBTORS If you have already filed a proof of claim with the ikruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor | Check here replaces | a previously filed claim dated |
| 6129 | if this claim amends | a previously filed claim dated |
| | ee benefits as defined in 11 USC § | 1114(a) Unremitted principal |
| Conseco performed Toyon | es, salaries, and compensation (fill or | ut below) Other claims against servicer (not for loan balances) |
| | four digits of your SS # aid compensation for services perform | ned from to |
| | F COURT JUDGMENT, DATE OBTA | (date) (date) |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best di | | |
| See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 4/9, 98/ | SECURED CLAIM | |
| Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim | a right of setoff) | claim is secured by collateral (including |
| entitled to priority UNSECURED PRIORITY CLAIM | Brief description of colla | |
| Check this box if you have an unsecured claim all or part of which is entitled to priority | ☐ Real Estate ☐ M Value of Collateral | Motor Vehicle |
| Amount entitled to priority \$ | | ther charges at time case filed included in |
| Specify the priority of the claim | secured claim if any \$ _ | The state of the s |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | | urchase lease or rental of property or |
| Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's | services for personal family or hou | usehold use -11 U S C § 507(a)(7) mental units - 11 U S C § 507(a)(8) |
| business whichever is earlier - 11 U S C § 507(a)(4) | Other - Specify applicable paragrap | oh of 11 USC § 507(a) () |
| Contributions to an employee benefit plan - 11 U S C § 507(a)(5) | * Amounts are subject to adjustmen with respect to cases commenced of | nt on 41107 and every 3 years thereafter on or after the date of adjustment |
| 5 TOTAL AMOUNT OF CLAIM \$ 4/9 \$ \$ AT TIME CASE FILED (unsecured) | \$ | nonty) (Total) |
| Check this box if claim includes interest or other charges in addition to the princ | ` _ ' | (|
| 6 CREDITS The amount of all payments on this claim has been credited at 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts, contracts, court judgments, mortgages, security agreem DOCUMENTS If the documents are not available, explain. If the documents are not available, explain. | nd deducted for the purpose of making such as promissory notes, purchasitents and evidence of perfection of li | ng this proof of claim se orders, invoices, itemized statements of sen DO NOT SEND ORIGINAL |
| B DATE-STAMPED COPY To receive an acknowledgment of the filing proof of claim | | • |
| The original of this completed proof of claim form must be sent by m ACCEPTED) so that it is actually received on or before 5 00 pm, previor each person or entity (including individuals, partnerships, corporagovernmental units) | ailing Pacific time, on November 13 | THIS SPACE FOR COURT USE ONLY |
| BY MAIL TO BY HA BMC Group BMC Attn USACM Claims Docketing Center Attn I P O Box 911 1330 | ND OR OVERNIGHT DELIVERY TO Group JSACM Claims Docketing Center East Frankin Avenue | FILED DEC 0 4 2006 |
| El Segundo, CA 90245-0911 El Segundo, CA 902 | gundo, CA 90245 or or other person anthonzed to file | |
| Dec 4 66 Rose C. Lefone E | | USA CMC |
| | | 1072501/10 |

| 100000000 | | | <u> 2-3 E</u> | <u>nierea 07/13/11 14:</u> | 24.22 Pa | age 5 01 11 |
|-----------|--|---|-------------------------------|---|---|--|
| Å | | ES BANKRUPTCY COURT RICT OF NEVADA | PRO | PROOF OF CLAIM | | |
| Na | me of Debtor | | Case Nu | ımber | Ī | |
| | USA Commercial | Mortgage Company | 06- | 10725-LBR | | |
| This | s form should not be used ing after the commencen | t of Debtors and Case Numbers d to make a claim for an administrative ex ment of the case A "request" for payment be filed pursuant to 11 U S C § 503 | xpense t of an | Check box if you are aware that anyone else has filed a proof of claim relating | | |
| | me of Creditor and | | | to your claim Attach copy of statement giving particulars | | |
| | SANTORO F C/O NICHOL AND JUANIT 2312 PEARL LAS VEGAS | FAMILY TRUST U/T/D 4/29/02 LAS J SANTORO TA SANTORO TRUSTEES L CREST ST S NV 89134-6732 | 55 | Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court | SECURED INTE ONE OF THE DI If you have al Bankruptcy Cou | ready filed a proof of claim with the to BMC you do not need to file again |
| | ditor Telephone Number | | dahtar | court | THIS SPA | CE IS FOR COURT USE ONLY |
| | 6645 | r other number by which creditor identifies | s deptor | Check here replace or if this claim american | a previous! | y filed claim dated |
| 1 E | BASIS FOR CLAIM | | Retiree | benefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| 1 = | Goods sold | Personal injury/wrongful death | Wages | salaries and compensation (| fill out below) | Other claims against servicer |
| | Services performed | ☐ Taxes | Last fou | r digits of your SS# | | (not for loan balances) |
| 4 | Money loaned | Other (describe briefly) | Unpaid | compensation for services pe | rformed from | to |
| 2 [| OATE DEBT WAS INCUR | RRED 6/05 to 3/06 | I3 IF C | OURT JUDGMENT, DATE C | BTAINED | (date) (date) |
| 4 (| CLASSIFICATION OF CL | LAIM Check the appropriate box or boxes that | | | | the time case filed |
| 1 | iee reverse side for importan | · | | SECURED CLAIM | | |
| | Check this box if a) there i | is no collateral or lien securing your claim or boroperty securing it or if c) none or only part of y |) your claim your claim is | Check this box if you a right of setoff) Brief description of | | ured by collateral (including |
| UN | SECURED PRIORITY CL | LAIM | | X Real Estate | | . Почь |
| | Check this box if you have entitled to priority | an unsecured claim all or part of which is | | | | |
| | Amount entitled to priority | \$ | | Value of Collateral | · OIIICILO | |
| | Specify the priority of the c | Ψ | | secured claim, if any | nd other charges Linknow | s <u>at time case filed</u> included in |
| | | ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | г | Up to \$2 225* of deposits toward | | |
| | Wages salaries or commi before filing of the bankrup | issions (up to \$10 000)* earned within 180 days | s E | services for personal family of Taxes or penalties owed to go | r household use - | 11 U S C § 507(a)(7) |
| | | rlier 11 U S C § 507(a)(4) yee benefit plan 11 U S C § 507(a)(5) | | Other - Specify applicable para | agraph of 11 U S (| C § 507(a) () |
| | Control to air cripicy | yee benefit plan 11000 g 307(a)(3) | | * Amounts are subject to adjust with respect to cases commen | stment on 4/1/07 a nced on or after the | and every 3 years thereafter e date of adjustment |
| | OTAL AMOUNT OF CLA | AIM \$ Unknown \$ | 300,000 | | | \$ Unknown |
| | AT TIME CASE FILED | (unsecured) | • | secured) | (pnonty) | (Total) |
| | | ludes interest or other charges in addition to t | | | | · · |
| 7 5 | SUPPORTING DOCULTURING ACCOUNTS CONTRACT | of all payments on this claim has been cre MENTS <u>Attach copies of supporting doc</u> cts court judgments, mortgages security cuments are not available explain. If the | cuments, su agreement | ich as promissory notes purd s and evidence of perfection | chase orders, in | voices itemized statements of |
| 8 [| | To receive an acknowledgment of the | | | | d envelope and copy of this |
| 1 | ACCEPTED) so that it is | npleted proof of claim form must be ser s actually received on or before 5 00 pn ty (including individuals, partnerships, | n, prevailir | g Pacific time, on Novembe | er 13. 2006 | THIS SPACE FOR COURT USE ONLY |
| li | BY MAIL TO BMC Group | | BY HAND BMC Gro | OR OVERNIGHT DELIVERY TO | | |
| / | Attn USACM Claims Doo | ckeling Center | Attn USA | CM Claims Docketing Center | r . | THE NAME OF SOME |
| 1 | P O Box 911 El Segundo CA 90245-09 | 911 | | t Franklin Avenue do, CA 90245 | Į. | ILED NOV 1 5 2006 |
| DA | | SIGN and print the name and title if any of the this claim (attach copy of power of attor | he creditor o | | | USA CMC |
| <u> </u> | | | | | | 1072501472 |

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

| | Case | e 06-10725-awz Doc 8622 | 2-3 Er | ntered 07/13/11 14: | 24:22 Pa | ge 6 of 11 | |
|--|--|--|----------------------------------|--|---|--|--|
| | UNITED STATE | S BANKRUPTCY COURT ICT OF NEVADA ' | RUPTCY COURT PROOF OF CLAI | | | | |
| Name of Debtor Case Nur | | ımber | | | | | |
| ι | JSA Commercial M | ortgage Company | 06-107 | 725-LBR | | | |
| | | | | | | | |
| This arisi adm | form should not be used ng after the commencem unistrative expense may b | of Debtors and Case Numbers to make a claim for an administrative expent of the case A "request" for payment of filed pursuant to 11 U S C § 503 | | Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of | | LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE | |
| Na | me of Creditor and SKLAR BAR | 1132124203875 | 51 | statement giving particulars Check box if you have never received any notices | OF CLAIM THIS | DO <u>NOT</u> HAVE TO FILE A PROOF B INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT | |
| | 2429 BRYAN | | | from the bankruptcy court or BMC Group in this case | | IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT | |
| | | | | Check box if this address differs from the address on the envelope sent to you by the | If you have all | ready filed a proof of claim with the tor BMC you do not need to file again | |
| Cree | ditor Telephone Number (| 318-16-13 | | court | | E IS FOR COURT USE ONLY | |
| Last | four digits of account or | other number by which creditor identifies | debtor | Check here replain | a previously | y fired claim dated | |
| 1 B | ASIS FOR CLAIM | | 1 Debugal | aniei | | | |
| | Goods sold | Personal injury/wrongful death | | benefits as defined in 11 U S | • | Unremitted principal | |
| | Services performed | Taxes | | salaries and compensation (r digits of your SS # | fill out below) | Other claims against servicer (not for loan balances) | |
| | Money loaned | Other (describe briefly) | | compensation for services pe | rformed from | to | |
| 2 D | ATE DEBT WAS INCUR | RED | 3 IF C | OURT JUDGMENT, DATE C | BTAINED | (date) (date) | |
| 4 C | LASSIFICATION OF CL | AIM Check the appropriate box or boxes that | | | | the time case filed | |
| | ee reverse side for important | | | SECURED CLAIM | | | |
| | SECURED NONPRIORIT | s no collateral or lien securing your claim or b |) vour claim | Check this box if you | our claim is secu | red by collateral (including | |
| | exceeds the value of the pre | operty securing it or if c) none or only part of y | our claim is | a right of setoff) Brief description of | . colletorol | | |
| UNS | SECURED PRIORITY CL | AIM | | | _ | Поп | |
| | Check this box if you have a entitled to priority | an unsecured claim all or part of which is | | Value of Collateral | _ | \sim \sim \sim | |
| | Amount entitled to priority | \$ | | Amount of arrearage a | | at time case filed included in | |
| | Specify the priority of the cla | aım | | secured claim if any | \$ _7 | | |
| | | ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | | Up to \$2 225* of deposits toward | ard purchase leas | e or rental of property or | |
| | | ssions (up to \$10 000)* earned within 180 days | s T | services for personal family of Taxes or penalties owed to go | or household use | 11 U S C § 507(a)(7) | |
| | business whichever is earli | • () (| | Other - Specify applicable pan | | | |
| | Contributions to an employe | ee benefit plan - 11 U S C § 507(a)(5) | | * Amounts are subject to adju- with respect to cases commer | | | |
| | OTAL AMOUNT OF CLA AT TIME CASE FILED | ΨΨ | 20 | | | \$ 200,000 | |
| 1 | | (unsecured) udes interest or other charges in addition to t | | secured) I amount of the claım Attach ite | (priority) mized statement | (Total) of all interest or additional charges | |
| \Box | | of all payments on this claim has been cre | | | | | |
| 7 S | SUPPORTING DOCUM running accounts, contract | MENTS Attach copies of supporting doc tts court judgments, mortgages security | e <u>uments,</u> si agreement | uch as promissory notes pure ts and evidence of perfection | chase orders inv | voices itemized statements of | |
| 8 E | ATE-STAMPED COP | cuments are not available explain. If the Y To receive an acknowledgment of the | | | • | d envelope and copy of this | |
| | proof of claim | pleted proof of claim form must be ser | at hy mail | or hand delivered (EAVEC A | IOT | THE SPACE FOR SOUR | |
| 1 / | ACCEPTED) so that it is | actually received on or before 5 00 pn | n, prevailir | ng Pacific time, on Novemb | er 13, 2006 | THIS SPACE FOR COURT USE ONLY | |
| | | y (including individuals, partnerships, | corporation | ons, joint ventures, trusts a | nd | FII FN OCT 27 2006 | |
| BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO | | | | | | | |
| Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center | | | | | | USA CMC | |
| P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo CA 90245 | | | | | | | |
| DAT | | SIGN and print the name and title if any of t | he-creditor o | | | 1072500774 | |
| SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach-copy of power of attorney if any) | | | | | | | |
| Pena | alty for presenting fraudulent | claim is a fine of up to \$500 000 or imprisonme | ent for up to | 5 years or both 18 U/S C §§ | 152 AND 3571 | <u> </u> | |
| | | • | | () 30 | | | |

| | DDO | OF OF CLAIM | | |
|--|------------------------|--|--------------------------------------|---|
| | FRU | OF OF CLAIM | | |
| Name of Debtor Cas | Case Number | | | |
| USA COMMERCIAL | 6-1 | 10725- LBR | ı | |
| MORTGAGE COMPANY | | | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request for payment of an administrative expense may be filed pursuant to 11 U S C § 503 | n a | Check box if you are ware that anyone else has lied a proof of claim relating to our claim. Attach copy of | | |
| Name of Creditor and Address WILLIAM M SPANGLER | | tatement giving particulars | | |
| JEAN A. SPANGLER | | Check box if you have lever received any notices from the bankruptcy court or | DO NOT FILE TH | IS PROOF OF CLAIM FOR A |
| 711 GORDON AVENUE | | BMC Group in this case | | EST IN A BORROWER THAT IS NOT |
| RENO, NV 89509 | e | Check box if this address iffers from the address on the envelope sent to you by the | If you have alre Bankruptcy Court | eady filed a proof of claim with the or BMC you do not need to file again |
| Creditor Telephone Number (775 - 324-542) | | ourt | THIS SPAC | E IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debte ACCOUNT ID' 822 CLIENT' 971 | 1 | Check here replace of this claim amen | a previously | filed claim dated |
| 1 BASIS FOR CLAIM Re | etiree bei | nefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| Goods sold Personal injury/wrongful death Wa | ages sa | laries and compensation (i | fill out below) | Other claims against servicer |
| | | igits of your SS# | | (not for loan balances) |
| l' . | npaid cor | mpensation for services per | rformed from | to |
| 2 DATE DEBT WAS INCURRED 12/02 thru 3/06 3 | 3 IE COI | JRT JUDGMENT, DATE O | RTAINED | (date) (date) |
| 2 DATE DEBT WAS INCURRED 12/02 Thru 3/06 3 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best | | | | he time case filed |
| See reverse side for important explanations | | SECURED CLAIM | | |
| UNSECURED NONPRIORITY CLAIM \$ | 1 | A | our claim is secui | red by collateral (including |
| Check this box if a) there is no collateral or lien securing your claim or b) your exceeds the value of the property securing it or if c) none or only part of your claim. | | a right of setoff) | | |
| entitled to priority UNSECURED PRIORITY CLAIM | | Brief description of | collateral | |
| Check this box if you have an unsecured claim all or part of which is | | Real Estate | | |
| entitled to priority | | Value of Collateral | \$ Unkno | un at this time |
| Amount entitled to priority \$ | | Amount of arrearage ar secured claim if any | | at time case filed included in |
| Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | | | | |
| Wages salaries or commissions (up to \$10 000) earned within 180 days | Ш | Up to \$2 225 of deposits towas services for personal family of | | |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) | | Taxes or penalties owed to go | | |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | ليا | Other Specify applicable para | | |
| | | with respect to cases commen | | date of adjustment |
| 5 TOTAL AMOUNT OF CLAIM \$ \$ /4 | | 95.00\$ | (t -) | \$ 147,895.00 (Total) |
| (unsecured) Check this box if claim includes interest or other charges in addition to the pri | • | cured) nount of the claim Attach ite | (priority) mized statement o | ` ' ' |
| | | | | |
| 6 CREDITS The amount of all payments on this claim has been credited 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security agree | e <u>nts.</u> sucl | h as promissory notes pure and evidence of perfection | chase orders inv of lien DO NO | oices itemized statements of |
| DOCUMENTS If the documents are not available explain If the documents are not available explain If the documents are not available explain If the documents are not available explain. | | | | l envelone and copy of this |
| proof of claim | nig or you | ui ciaim enciose a stampe | u sen addressed | renvelope and copy of this |
| The original of this completed proof of claim form must be sent by ACCEPTED) so that it is actually received on or before 5 00 pm, pro | revailing | Pacific time, on November | er 13, 2006 | THIS SPACE FOR COURT USE ONLY |
| for each person or entity (including individuals, partnerships, corp governmental units) | ooration | s, joint ventures, trusts ai | nd | |
| BY MAIL TO BY | HAND O | R OVERNIGHT DELIVERY TO |) | EILED NOV 1 9 2004 |
| Attn USACM Claims Docketing Center Attr | in USAĊ | :M Claims Docketing Cente Franklin Avenue | er | FILED NOV 1 3 2006 |
| | | CA 90245 | | USA CMC |
| DATE SIGN and print the name and title if app of the cre | | other person authorized to file | / | 107255 |
| 10-25-06 this claim (attach copy of power or attorney | и апу) - | can a s | parger | 10/2001371 |

| Case 06-10725-gwz Doc 8622-3 | 3 Ente | ered 07/13/11 14:24 | 1:22 Page | e 8 of 11 |
|--|---------------------------------|---|---|---|
| UNITED STATES BANKRUPTOY COURTS DISTRICTION NEVADA | | OOF OF CLAIM | | |
| Name of Debtor | Case Nu | | | |
| USA Commercial Mortgage Company | 06-107 | 725-LBR | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address SUSSKIND, ROBERT 9900 WILBER MAY PKWY #206 RENO NV 89521 | of an | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the | WHOSE LOAN IS DEBTORS YOU OF CLAIM THIS BORROWER HE DO NOT FILE TH SECURED INTEI ONE OF THE DE If you have air Bankruptcy Court | eady filed a proof of claim with the or BMC you do not need to file again |
| Creditor Telephone Number () 775 846 - 6407 | | court | THIS SPAC | E IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies of | debtor | Check here replace or if this claim amen | a previousi | , filed claim dated |
| 1 BASIS FOR CLAIM | Retiree b | penefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| ☐ Goods sold ☐ Personal injury/wrongful death | - | salaries, and compensation (| fill out below) | Other claims against service (not for loan balances) |
| ☐ Services performed ☐ Taxes ☐ Money loaned ☐ Other (describe briefly) | | digits of your SS # | | (not for loan balances) |
| FRAND BREACH INTER | Unpaid o | compensation for services per (SEE EXHIBIT A |) | (date) to |
| 2 DATE DEBT WAS INCURRED 6/04 + LATER | 3 IF C | OURT JUDGMENT, DATE O | BTAINED | |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations | | | unt of the claim at t | the time case filed |
| See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 306, 214 PLUS UNTIL | ひととかい | SECURED CLAIM | | |
| Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority | voui ciaim | a nght of setoff) | | red by collateral (including |
| UNSECURED PRIORITY CLAIM | | Brief description of Real Estate | | |
| Check this box if you have an unsecured claim all or part of which is entitled to priority | | Value of Collateral | _ Motor venice | Other |
| Amount entitled to priority \$ | | | od other charges | at time case filed included in |
| Specify the priority of the claim | | secured claim, if any | \$ | modulus modulus m |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | | Up to \$2 225* of deposits toward | | |
| Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's | | services for personal family, o | | • ,,,, |
| business whichever is earlier - 11 U S C § 507(a)(4) | <u>L</u> | Taxes or penalties owed to go Other - Specify applicable para | | • ,,,, |
| Contributions to an employee benefit plan - 11 U S C § 507(a)(5) | - | * Amounts are subject to adjus | stment on 4/1/07 ar | nd every 3 years thereafter |
| 5 TOTAL AMOUNT OF CLAIM \$ 306, 214 \$ | | with respect to cases commen | ced on or after the | \$ 3DL, 219 |
| AT TIME CASE FILED ONKNOWN (unsecured) | (s | secured) | (priority) | (Total) |
| Check this box if claim includes interest or other charges in addition to the | | | | |
| 6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts, court judgments, mortgages, security a DOCUMENTS If the documents are not available, explain. If the documents are not available. | <i>ıment</i> s, su agreement | ich as promissory notes purc s and evidence of perfection | chase orders, inv | oices itemized statements of |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | e filing of y | our claim, enclose a stamped | d self-addressed | l envelope and copy of this |
| The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, covernmental units) | , prevailin | g Pacific time, on Novembe | er 13, 2006 id | THIS SPACE FOR COURT USE ONLY |
| governmental units) BY MAIL TO BMC Group | BY HAND | OR OVERNIGHT DELIVERY TO | F | LED JAN 08 2007 |
| Attn USACM Claims Docketing Center | Attn USA | .CM Claims Docketing Center | • | |
| P O Box 911 El Segundo, CA 90245-0911 | | t Franklin Avenue do CA 90245 | | |
| DATE SIGN and print the name and title if any of the | e creditor oi | | | |
| Jan 7, 2007 the claim (attach copy of power of attorn | | KIND | | USA CMC |
| Paralle for a grant transfer of the form o | J J J J J | 5 | 450 AND 2574 | 1072501872 |

| ORM B10 (Official Form 10) (10/05) | | |
|---|---|---|
| UNITED STATES BANKRUPICY COURT | DISTRICT Of Nevada | PROOF OF CLAIM |
| Name of Debick USA Commercial Mortgage Compan | Case Number 06-10725-LBR | |
| NOTE This form should not be used to make a claim for an administrative expense may | be filed pursuant to 11 U.S.C. § 101 | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) TDS Revacable Family TRUST DATED 9-29-98 | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any | |
| Name and address where notices should be sent C/OT DWIGH Sper + Bonnie SPER TTEES | notices from the bankruptcy court in this case. Check box if the address differs from the | |
| 1005 Cypress Ridge LN, LAS Vegas Telephone number NV 89/44-1425 | address on the envelope sent to you by the court | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor Client ID No. 2854 | | I claim dated <u>9-25-06</u> |
| I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes SEE EXHIBIT A | Retiree benefits as defined in | ion (fill out below) |
| DA Other | 3. If court judgment, date obtained. | |
| 2. Date debt was incurred MAY 30, 2003 | | |
| 4. Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$\(\) LINE 4 of Ex A Check this box if a) there is no collateral or liten securing you be just of your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of ventitled to priority Amount entitled to priority \$\(\) Specify the priority of the claim Domestic support obligations under 11 U.S.C. \(\) 507(a)(i)(A) (a)(1)(B) Wages, salaries, or commissions (up to \$i0.000),* earned with days before filing of the bankruptcy petition or cessation of the debit business, whichever is earlier - 11 U.S.C. \(\) 507(a)(4) | Secured Claim Check this box if your claim is a right of setoff) Brief Description of Collatera Real Estate Motor Value of Collateral Amount of arrearage and other chark secured claim, if any \$ \(\times \) NE Up to \$2,225* of deposits toward pur or services for personal, family, or how \$ 507(a)(7) Taxes or penalties owed to government of the secured claim, if any \$ \(\times \) NE Other - Specify applicable paragraph *Amounts are subject to adjustment on 4/1 | s secured by collateral (including Vehicle Other KNOWN ges at time case filed included in EXA chase lease, or rental of proper usehold use - 11 U S C atal units - 11 U S C § 507(a)(6) of 11 U.S C § 507(a)() |
| 5 Total Amount of Claim at Time Case Filed | LN 4EXA LN4 EXA | LN 4EXA |
| Check this box if claim includes interest or other charges in ad interest or additional charges. | (unsecured) (secured) (jidition to the principal amount of the claim Attac | priority) (Total) h itemized statement of all |
| Credits: The amount of all payments on this claim has been making this proof of claim Supporting Documents: Attach comes of supporting documents: | | THIS SPACE IS FOR COURT USE ONE |
| 7 Supporting Documents: Attach copies of supporting documents orders invoices itemized statements of running accounts contragreements, and evidence of perfection of lien DO NOT SEN documents are not available explain if the documents are volu. 8 Date-Stamped Copy: To receive an acknowledgment of the fladdressed envelope and copy of this proof of claim. | racts, court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the aminous, attach a summary | ED JAN 1 2 200 |
| Date Sign and print the name and title, if any, of file this claim (attach copy of power of atto Penalty for presenting fraudulens claim. Hisle of up to \$500,000 or | the 702-243-5999 | USA CMC |
| - 11 3 and of all to 4000 000 01 | ·h | |

| FORM B10 (Official Form 10) (10/05) | | | | | | | |
|--|-----------------------|-----------------------|---------------------|--|-------------------------------------|--|--|
| UNITED STATES BANKRUPICY COURT | Dis | TRICI C | Ne | vada | PROOF OF CLAIM | | |
| Name of Dubtor | Case | Number | | | | | |
| USA Commercial Mortgage Co | | | | 725-1BR | 4 | | |
| NOTE This form should not be used to make a claim for an adminis of the case. A request for payment of an administrative expense ma | strative exp | ense ansi | ng after | the commencement | | | |
| of the case. A request for payment of an administrative expense ma | y oc ilico | haisaan | W 11 () | 30 8 101 | _ | | |
| Name of Creditor (The person or other entity to whom the | | | | aware that anyone of claim relating to | | | |
| debtor owes money or property) TERRY MARKWELL TRUSTEE OF the TERRYMARKWELL | | | | opy of statement | | | |
| Profit Spaning Plan & TRUST | | ng particu | | | | | |
| Name and address where notices should be sent | | | | ve never received any kruptcy court in this | 1 | | |
| TERRY MARKWELL | Case | | tire pari | kruptcy court in this | | | |
| 12765 SILVER WOLF ROAD REND, NY 89511 |) — | | | ress differs from the ope sent to you by | | | |
| Telephone number 775-8536959 | 1 | court | C C | | THIS SPACE IS FOR COURT USE ONLY | | |
| Last four digits of account or other number by which creditor | 1 | ck here | | aces | ed claum, dated | | |
| identifies debtor | 17 (1 | us claum | | | ed claim dated | | |
| 1 Basis for Claim | | لبسيا | | | 11 U S C § 1114(a) | | |
| Goods sold Services performed | | | | alaries and compens digits of your SS # | ation (fill out below) | | |
| Money loaned | | | | compensation for ser | | | |
| Personal injury/wrongful death | | fr | om | | o | | |
| Other SEE Exhibit A | | | | (date) | (date) | | |
| 2 Date debt was incurred | 3 | If cou | rt judg | ment, date obtaine | d | | |
| 12-15-2004 | | | | | | | |
| 4 Classification of Claim Check the appropriate box or boxes the | hat best de | scribe you | ır claım | and state the amoun | of the claim at the time case filed | | |
| See reverse side for important explanations | | Secur | red Cl | aım | | | |
| Unsecured Nonpriority Claim \$ 403, 853.2/ | | | Check | this box if your claim | is secured by collateral (including | | |
| Check this box it a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority | ur claim o none or | a righ | t of set | off) | | | |
| Distriction of the contract of | | | | | | | |
| Unsecured Priority Claim Real Estate Motor Vehicle Other——— | | | | | | | |
| Check this box if you have an unsecured claim all or part of which is | | | | | | | |
| Amount of arrearage and other charges at time case filed included in | | | | | | | |
| Amount entitled to priority \$secured claim if any \$_\frac{\pi_7792.23}{2} | | | | | | | |
| Specify the priority of the claim Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C | | | | | | | |
| Domestic support obligations under 11 U S C \ 507(a)(1)(A) | or | or servi § 507(a | | personal tamily or h | ousehold use - 11 U S C | | |
| (a)(1)(B) | | - ' | | ties owed to governm | ental units 11 U S C § 507(a)(8) | | |
| Wages salaries or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the deb | in 180 | | | | h of 11 USC § 507(a)() | | |
| days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 USC § 507(a)(4) | *A | mounts a | re subje | ect to adjustment on 4 | 11/07 and every 3 years thereafter | | |
| Contributions to an employee benefit plan 11 USC \$ 507(| a)(5) | with res | spect to | cases commenced on | or after the date of adjustment | | |
| 5 Total Amount of Claim at Time Case Filed | | | | 18403.853.21 | #403853.21 | | |
| Check this box if claim includes interest or other charges in ad | ldition to t | (unsecu he princu | red) nalamo | (secured) | (priority) (Total) | | |
| Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | | | | | | |
| 6 Credits The amount of all payments on this claim has bee | n credited | and dedu | cted fo | r the purpose of | THIS SLACE IS FOR COURT USE ONLY | | |
| making this proof of claim 7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase | | | | | | | |
| orders invoices itemized statements of running accounts conti | racts cour | i as prom Liudomei | issory r its moi | rtgages, security | | | |
| agreements and evidence of perfection of lien DO NOT SE | ND ORIG | INAL DO | CUMI | ENTS IF UTE FIN | 10N 1 A 2000 | | |
| documents are not available explain If the documents are voluminous, attach a summary | | | | | | | |
| Date-Stamped Copy To receive an acknowledgment of the saddressed envelope and copy of this proof of claim | filing of yo | our claim, | enclose | e a stamped self- | | | |
| Date Sign and print the name and title if any of | the credit | or or othe | r perso | n authorized to | | | |
| file this claim (attach copy of power of atto | orney if an | iy) | - perso | adminized to | | | |
| 17/2 1/2 1/2 1/1 | 7 | | • | | LICA CMC | | |
| - Hory Markell, | 1545 | <u>700</u> | <u></u> | | USA CMC | | |
| Penulty for presenting fraudylent Cam Fine of up to \$500 000 o | r imprison | ment for | up to 5 | years or both 181 | | | |

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|--------------------------|--|--------------------------|---|--------------------------------|---|-------------------------------------|---|
| | | S BANK ICT OF | RUPTEY COURT | PR | OOF OF CLAIM | T.ZZ rag | JC 11 01 11 |
| Name o | f Debtor | | | Case N | lumber | İ | |
| USA | COMMERC | C14C | MOLTGAGE CO. | 06 | -10725 LBR | | |
| This form arising aft | should not be used ter the commencem | to make a nent of the | s and Case Numbers a claim for an administrative e case A request for payme rsuant to 11 U S C § 503 | | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of | | |
| Name o | of Creditor and | Addres | ION HAS IN SIRE IN THE | 274 | statement giving particulars | | |
| i i | GARY A THII 4525 DAWN LAS VEGAS | PEAK ST | 11321241003: SANDRA C THIBAULT 9-3235 | 3/4 | Check box if you have never received any notices from the bankruptcy court or BMC Group in this case | | HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS |
| Craditor 7 | Telephone Number | (7.3) | 20.00.00 | | Check box if this address differs from the address on the envelope sent to you by the court | If you have all Bankruptcy Court | ready filed a proof of claim with the t or BMC you do not need to file again CE IS FOR COURT USE ONLY |
| | | | S7-77 8_/ ber by which creditor identifie | e debtor | | I III O I AC | DE 10 TOR GOOK! GOL ONE! |
| | 5805 / | | · . | es deplor | Check here repla | . a previousi | y filed claim dated |
| J | FOR CLAIM | _ | | Retires | e benefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| ∐ G∞ | ds sold | Pers | onal injury/wrongful death | ☐ Wages | salaries and compensation (| fill out below) | Other claims against servicer |
| Serv | vices performed | Taxe | s | | ur digits of your SS# | | (not for loan balances) |
| Mor | ney loaned | Othe | r (describe briefly) | | compensation for services pe | rformed from | to |
| 2 DATE | DEBT WAS INCUR | RED 1/ | ARIOUS | 3 IF | COURT JUDGMENT, DATE O | RTAINED | (date) (date) |
| | IFICATION OF CL | | | | cribe your claim and state the amo | | the time case filed |
| See rev | erse side for importan | | | | SECURED CLAIM | | |
| | JRED NONPRIORI | | | | L | our claim is secu | red by collateral (including |
| exce | | | ral or lien securing your claim or iring it or if c) none or only part o | | n 1231 | | red by conditional (moddling |
| | RED PRIORITY CL | AIM | | | | | - |
| | ck this box if you have ed to priority | an unsecur | ed claim all or part of which is | | Real Estate Value of Collateral | | e Li Other KNひいん |
| Amor | unt entitled to priority | \$_ | | | Amount of arrearage a | nd other charges | at time case filed included in |
| i | ify the priority of the c | | | | secured claim if any | \$ SEE 147 | TASHEU |
| \ | ., - | | USC § 507(a)(1)(A) or (a)(1)(B o \$10 000)* earned within 180 da | <i>'</i> | Up to \$2 225* of deposits town services for personal family of | | |
| befor | es salaites of commi re filing of the bankrup ness whichever is earl | tcy petition | or cessation of the debtors | ays [| Taxes or penalties owed to go | | |
| F-1 | | | olan 11 U S C § 507(a)(5) | | Other - Specify applicable par * Amounts are subject to adju- with respect to cases commen | stment on 4/1/07 a | nd every 3 years thereafter |
| | AMOUNT OF CLA | AIM \$ | SEE ATTACHED S | _ | \$ | | \$ |
| ALI | ME CASE FILED | | (unsecured) | | (secured) | (pnonty) | (Total) |
| 7-8 | | | | | | | of all interest or additional charges |
| 7 SUPP | PORTING DOCUM | MENTS ¿ | Attach copies of supporting de udgments mortgages, securi | <u>ocuments,</u> ty agreeme | nts and evidence of perfectior | chase orders, inv | voices itemized statements of |
| 8 DATE | -STAMPED COP | | • | | ts are voluminous attach a su f your claim enclose a stampe | • | d envelope and copy of this |
| <u> </u> | of claim | pleted pro | of of claim form must be s | ent hy mai | or hand delivered (FAXES N | NOT | THIS SPACE FOR COURT |
| | | | | | ing Pacific time, on Novemb | | USE ONLY |
| for ea | ich person or entit | | | | ions, joint ventures, trusts a | | FILED OCT 17 2006 |
| I BY MA | nmental units) LL TO | | | | D OR OVERNIGHT DELIVERY TO | o | LIFTA OO I TIL FOOG |
| BMC (| Group JSACM Claims Doo | rketing Co | nter | BMC G | • | ar | |
| | Box 911 | cremit ce | i il Gi | | SACM Claims Docketing Cente ast Franklin Avenue | | L 50 00T 4 - 0000 |
| 1 | gundo CA 90245-0 | 911 | | | indo CA 90245 | | FLE OCT 17 2006 |
| DATE | | SIGN and | print the name and title if any o | f the creditor | or other person authorized to file | <u></u> | 1 |
| 10- | 11-2006 | this | claim (attach copy of power of at | ttomey if any | SANDRAC THIBAU | 1111- | USA CMC |
| Penalty for | r presentina frauduleni | 1 | | ment for un | to 5 vears or both 18 U.S.C. && | 152 AND 3571 | 1072500623 |

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years of both 18 U.S.C. §§ 152 AND 3571